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PCT	a receiving Office use only
	auational Application No.
REQUEST	,
	International Librig Date
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international application be processed according to the Patent Cooperation Treaty.	Name of receiving Of	tice and "PC"I Int	ernational Application"
	Applicant's or agent's (if desired) (12 charac	file reference	HOANA
Box No. 1 TITLE OF INVENTION			
Radiation Stress Non-Invasive Blood	l Pressure Me	thod	
Box No. 11 APPLICANT This person	is also inventor		
Name and address: (Family name followed by given name) for a legal entil The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residenc	Telephone No. (808) 531–3017		
HOANA MEDICAL, INC. 1001 Bishop Street, Suite 2828		Facsimile No. (808) 531–3177	
Honolulu, Hawaii 96813-2833		Teleprinter No.	
United States of America			
	÷	Applicant steg	istration No. with the Office
State (that is, country) of nationality: US	State (that is, country)	of residence:	US
This person is applicant for the purposes of: all designated X the United States		the United States of America only	the States indicated in the Supplemental Box
Box No. III FURTHER APPLICANT(S) AND/OR (FURTH	ER) INVENTOR(S)		
Name and address: (Family name followed by given name: for a legal entity The address must include postal cude and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence SULLIVAN, Patrick K. 1001 Bishop Street Pacific Tower, Suite 2970 Honolulu, Hawaii 96813-2833	enddone in dinnend in die	invento marked.	nt only nt and inventor r only (If this check-box is do not fill in below.) stration No. with the Office
US	State (that is, country)	of residence:	US
This person is applicant all designated for the purposes of:	States except X to States of America	he United States of America only	the States indicated in the Supplemental Box
Further applicants and/or (further) inventors are indicated on a continuation sheet.			
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE			
The person identified below is hereby/has been appointed to act on of the applicant(s) before the competent International Authorities as	behalf X	gent	common representative
Name and address: (Family name followed by given name; for a legal entity, The address must include postal code and name of court	ntry.)	Telephone No. (703) 442	-4800
WRAY, James C.; NARASIMHAN, Meera P. 1493 Chain Bridge Road, Suite 300		Facsimile No.	
McLean, Virginia 22101	(703) 448	- 7397	
United States of America		Teleprinter No.	
	•	22,693;	
Address for correspondence: Mark this check-box where no space above is used instead to indicate a special address to wh	agent or common representation	esentative is/has b	een appointed and the

		2	
Sheet	No.	. 4	

Box No. V DESIGNATIONS				
The filing of this request con filing date, for the grant of c	istitutes under Rule 4.9(a), the very kind of protection avail.	re designation of all Cont ble and, where applicable	racting States bound by the for the grant of both req	he PCT on the internationa gonal and national patents
However,				
	esignated for any kind of nati	-		
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	n is not designated for any k			
i inc national law, of an cafile	he used to exclude (irrevocab r national application from w s in these and certain other St	hich priority is elained \	rned in order to avoid the see the Notes to Box No. (evaying of the effect, and of Vay to the convequences of
Box No. VI PRIORITY	CLAIM		-	
The priority of the following	earlier application(s) is hereb	y claimed:		
Filing date of earlier application	Number of earlier application	\	Mhere earlier application	ts:
(day:/month/year)	or carner apprecation	national application: country or Member of WTO	regional application.* regional Office	international application receiving Office
item (1) 26/06/2003	60/482,460	US		
item (2)				
item (3)				
Further priority claims a	re indicated in the Supplemen	ntal Box.		
The receiving Office is reque the earlier application was fil above as:	ed with the Office which for th	the International Bureau a	a certified copy of the ear	dier application(s) (only if ecciving Office) identified
	m (1) item (2)	-		e Supplemental Box
* Where the earlier application Industrial Property or one Me	m is an ARIPO application, inc mber of the World Trade Org	dicate at least one country ganization for which that c	party to the Paris Conve arlier application way file	ntion for the Protection of vd (Rule 4-10(b)(ii)):
•••••				••••••
Box No. VII INTERNAT	IONAL SEARCHING AUT	HORITY		
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):				
ISA / US				
Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):				
Date (day/month/year) Number Country (or regional Office)				
Box No. VIII DECLARATIONS				
The following declarations a check-baxes below and indica	re contained in Boxes Nos. V	/III (i) to (v) (mark the app her of each type of declara	plicable tion):	Number of declarations
Box No. VIII (i)	Declaration as to the identity of the inventor			
Box No. VIII (ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent :			
Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application			
Box No. VIII (iv)	Declaration of inventorship (only for the purposes of the designation of the United States of America) :			
Box No. VIII (v)	x No. VIII (v) Declaration as to non-prejudicial disclosures or exceptions to lack of novelty:			

 No		

Box No. IX CHECK LIST; LANGUAGE OF FILING			
This international application contains: (a) in paper form, the following number of sheets:	This international application is accompanied by the followin item(s) (mark the applicable check-boxes below and indicate is right column the number of each item):	ng Numbe of item	
sheets: request (including declaration sheets) : 3 description (excluding sequence listing and or tables related thereto) : 4 claims : 3 abstract : 1 drawings : 3 Sub-total number of sheets : 14 sequence listing : 14 sequence listing : 14 computer valual number of sheets : 16 computer valuable form;	right column the number of each item): 1.		
see (c) below) Total number of sheets : 14 (b) only in computer readable form (Section 801(a)(i))	 (i) copy submitted for the purposes of international services Rule 13ter only (and not as part of the internation. (ii) conly where check-box (h)(t) or (c)(i) is marked in legardational copies including, where applicable, the purposes of international search under Rule 13ter 	d application) ;	
(i) sequence listing (ii) tables related thereto (c) also in computer readable form (Section 801(a)(ii))	(iii) logether with relevant statement as to the identity copies with the sequence listing mentioned in left a tables in computer readable form related to sequence lindicate type and number of carriers)	column :	
 (i) ☐ sequence listing (ii) ☐ tables related thereto Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the 	 (i) copy submitted for the purposes of international section 802(b-quater) only (and not as part of the application) (ii) (only where check-box (b)(ii) or (c)(ii) is marked in leadditional copies including, where applicable, the 	international : ficolumn)	
sequence listing:	purposes of international search under Section 802 (iii) together with relevant statement as to the identity of copies with the tables mentioned in left column 11. other (specify):	of the copy or	
Figure of the drawings which should accompany the abstract: Language of filing of the international application: English			
Box No. X SIGNATURE OF APPLICANT Yext to each signature, indicate the name of the person sign	', AGENT OR COMMON REPRESENTATIVE ing and the capacity in which the person signs (if such capacity is not obvious	from reading the request)	
James C. WRAY			
For receiving Office use only			
. Date of actual receipt of the purported international application;	•	2. Drawings:	
Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:			
Date of timely receipt of the required corrections under PCT Article 11(2):			
5. International Searching Authority (if two or more are competent): ISA / 6. Transmittal of search copy delayed until search fee is paid			
	For International Bureau use only		
Date of receipt of the record copy by the International Bureau:			
			

This sheet is not part of and does not count as a sheet of the international application.

PCI	For receiving Office use only	
FEE CALCULATION SHEET		
Annex to the Request	International Application No.	
Applicant's or agent's file reference HOANA	Date stamp of the receiving Office	
Applicant HOANA MEDICAL, INC.		
CALCULATION OF PRESCRIBED FEES		
I. TRANSMITTAL FEE	300.00 🗂	
2. SEARCH FEE	to carry out the	
the international search.)		
3. INTERNATIONAL FILING FEE Where items (b) and/or (c) of Box No. IX apply, enter Sub-total num Where items (b) and (c) of Box No. IX do not apply, enter Total num	ber of sheets	
il first 30 sheets	1,134.00 [i]	
number of sheets in excess of 30 x =	i2	
additional component (only if sequence listing and/or tables rel thereto are filed in computer readable form under Section 801(a or both in that form and on paper, under Section 801(a)(ii)):	ated a)(i),	
400 x = [[3]	
Add amounts entered at i1, i2 and i3 and enter total at 1	1,134.00	
(Applicants from certain States are entitled to a reduction of 75% international filing fee. Where the applicant is (or all applicants entitled, the total to be entered at I is 25% of the international filing	are) so	
4. FEE FOR PRIORITY DOCUMENT (if applicable)	20.00 P	
5. TOTAL FEES PAYABLE	USD 2,454.00 TOTAL	
MODE OF PAYMENT		
authorization to charge postal money order postal money order	cash coupons	
X cheque	revenue stamps other (specify):	
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUTHIS mode of payment may not be available at all receiving Offices)		
_	Deposit Account No.: 02-3704	
Authorization to charge the total fees indicated above. (This check-box may be marked only if the conditions for deposit account	Date: 28 June 2004	
of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. Name: James C. Wylay		
Authorization to charge the fee for priority document.	Signature: WWMU19	